

Department of Social and Health Services

**DP Code/Title: PL-EL Placement of St Hospital Residents**

**Program Level - 050 Long Term Care Services**

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Budget Period: 2003-05    Version: 11    2003-05 Agency Request Budget

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**Recommendation Summary Text:**

At the direction of the 2002 Legislature, Aging and Adult Services (AASA) and Mental Health Division (MHD) are preparing to reduce the census at Western State Hospital (WSH) and Eastern State Hospital (ESH) over the 2001-03 Biennium. AASA will be directly involved in resource development, relocation and case management of at least 90 of these residents from the Geriatric Medical Unit (GMU) at WSH and the Geriatric Psychiatric Unit (GPU) at ESH. Relocation and case management will require three additional staff for Home and Community Services (HCS) field staff.

**Fiscal Detail:**

**Operating Expenditures**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Program 050</b>			
001-1 General Fund - Basic Account-State	119,000	106,000	225,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	118,000	106,000	224,000
<b>Total Cost</b>	<b>237,000</b>	<b>212,000</b>	<b>449,000</b>

**Staffing**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Annual Avg</u></b>
<b>Program 050 FTEs</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>

**Package Description:**

The present case management staff ratio for HCS clients in residential settings is approximately 1:105. However, past developments within AASA have proven that a 1:30 ratio is necessary to meet the needs of exceptional clients, such as Community Protection Program clients.

Current residents at WSH have special needs that the Long-Term Care (LTC) system AASA presently operates is unable to accommodate. To accomplish the targeted census reduction at WSH, as well as future reductions, numerous policy, eligibility, and rate decisions must be made to fill the resource gap between the present LTC system and service levels provided at WSH.

The cost and special considerations of caring for those diverted from WSH are equal to those for the people identified as possibly coming out of the state hospital. Thus, funding arrangements, identification of appropriate providers, alterations in program eligibility which clearly differentiate this population from the "traditional" LTC service population (for rate-setting purposes), and case management for this population will be increasing over the biennium.

**Narrative Justification and Impact Statement**

***How contributes to strategic plan:***

The FTEs will assist AASA toward its strategic plan goals of enabling services to meet the needs of a diverse population, enhancing ability to monitor services for quality and safety, enabling clients to live as independently as possible.

The FTEs will assist AASA toward compliance with the Department of Social and Health Services' (DSHS) balanced scorecard goal of assisting DSHS clients to live as independently as possible and enable DSHS services to reduce future costs to society.

***Performance Measure Detail***

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**Goal: 02E    Address Client and Family Needs**

**Incremental Changes**

**FY 1**

**FY 2**

No measures submitted for package

**Goal: 03E    Budget Performance and Economic Value**

**Incremental Changes**

**FY 1**

**FY 2**

**Efficiency Measures**

7ED    Monthly average cost per long-term care client.

.41

.36

***Reason for change:***

Relocations of WSH residents have occurred for several years. For legislative intent to be realized, relocations to community settings must be permanent. This will require system changes, and in some areas these changes are major. Facilities that accept WSH residents will need increased support from case managers as well as the Mental Health system.

The identification of the necessary supports, the coordination of the systems, the WAC amendments when necessary to fine-tune existing programs all require considerable staff effort. In addition, the case management system cannot be effective for this population at 1:105. More frequent visits and collateral contacts are essential if community placements are going to last.

***Impact on clients and services:***

The addition of the FTEs will allow adequate staff time to continue serving current AASA clients as well as meet the unique needs of clients being moved or diverted from the state hospitals.

***Impact on other state programs:***

None. However, it will be important that policies be developed and implemented to assure budgets and caseloads in other programs will not be affected.

***Relationship to capital budget:***

None

***Required changes to existing RCW, WAC, contract, or plan:***

None

***Alternatives explored by agency:***

An alternative would be to case manage these individuals under the present staffing allocation model of 105:1. This alternative was not chosen due to the difficult nature of the clients that will be moved from the state hospitals and their extreme level of need.

***Budget impacts in future biennia:***

Providing services for these populations in the community will continue to require a 1:30 case management ratio for HCS field services.

***Distinction between one-time and ongoing costs:***

Cost will be ongoing.

***Effects of non-funding:***

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Failure to add the FTEs will have significant impact on AASA staff time available to devote to other program issues. Failure to provide FTEs for case management will reduce the likelihood of successful relocations. Past history of re-hospitalizations for GMU residents (some as many as 12 times) show the current system is unable to care for these individuals within existing staffing patterns.

***Expenditure Calculations and Assumptions:***

See attachment - AASA PL-EL Placement of St Hospital Residents.xls

<b><u>Object Detail</u></b>	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Program 050 Objects</b>			
A    Salaries And Wages	144,000	144,000	288,000
B    Employee Benefits	35,000	35,000	70,000
E    Goods And Services	52,000	27,000	79,000
G    Travel	3,000	3,000	6,000
T    Intra-Agency Reimbursements	3,000	3,000	6,000
<b>Total Objects</b>	<b>237,000</b>	<b>212,000</b>	<b>449,000</b>

**DSHS Source Code Detail**

<b>Program 050</b>		<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Fund 001-1, General Fund - Basic Account-State</b>				
<b><u>Sources</u>    <u>Title</u></b>				
0011    General Fund State	119,000	106,000	225,000	
<b>Total for Fund 001-1</b>	<b>119,000</b>	<b>106,000</b>	<b>225,000</b>	
<b>Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa</b>				
<b><u>Sources</u>    <u>Title</u></b>				
19UL    Title XIX Admin (50%)	118,000	106,000	224,000	
<b>Total for Fund 001-C</b>	<b>118,000</b>	<b>106,000</b>	<b>224,000</b>	
<b>Total Program 050</b>	<b>237,000</b>	<b>212,000</b>	<b>449,000</b>	